PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 100086.415	
FY 2005					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/714,556			Filed November 14, 2003		
For COMPOUNDS AND METHODS FOR MODULATING FUNCTIONS OF CLASSICAL CADHERINS					
Art Unit 1654			Examiner Roy R. Teller		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a					
reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		Fee	Small Er	ntity Fee	
[One month (37 CFR 1.17(a)(1))	\$120	\$6	so \$	
[Two months (37 CFR 1.17(a)(2))	\$450	\$2	25 \$ <u>225</u>	
[Three months (37 CFR 1.17(a)(3))	\$1020	\$5	10 \$	
[Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95 \$	
[Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080 \$	
	Applicant claims small entity status. See 37	CFR 1.27.			
	A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account.				
×	The Director is hereby authorized to charge the above fees, or credit any overpayment,				
_	to Deposit Account Number 19-1090.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the ☐ applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration No. 42,676					
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					
	/Jeffrey Hundley/			April 2, 2007	
	Signature			Date	
	Jeffrey Hundley, Ph.D., Patent Agent		2	06-622-4900	
	Typed or printed name Telephone Number				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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